



FY2005 Application

General Operating Support I Program

Intent to Apply Deadline: January 1, 2004 (*Required*)

Deadline: February 1, 2004

Please refer also to the Guidelines/Instructions for this program. You may skip lines marked N/A.

1. First Name N/A
2. Organization Name _____
3. Mailing Address _____
4. City _____
5. State _____ 6. Zip Code - Plus 4 _____
7. County _____
8. Legislative District Number of Applicant:
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6
Representative's Name: _____
Senator's Names: Jim Bunning (R) / Mitch McConnell (R)
KY Senate District #: _____
Senator's Name: _____
KY House District #: _____
Representative's Name: _____

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: www.vote-smart.org/index.phtml or call your County Clerk's office for this information.

9. Phone Number _____
10. Second Phone Number (*optional*) _____
11. Fax Number _____
12. E-mail Address _____
13. Web Address http:// _____
14. Federal Employer ID Number _____
15. Chief Administrator's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.
16. Chief Administrator's Name _____

KAC Staff Use Only

- | | | |
|---------------------------|-------------------------------|-----------------------------|
| 1. FY 2005 | 7. Grantee Race _____ | 13. • AIE Percent _____ |
| 2. App. # _____ | 8. # Youth Benefit _____ | • AIE Description _____ |
| 3. C-List # _____ | 9. Project Disc. _____ | 14. Proj. Descriptors _____ |
| 4. App. Status _____ | 10. Activity 11 | 15. Date Rcvd. _____ |
| 5. App. Institution _____ | 11. Project Race 99 | |
| 6. App. Discipline _____ | 12. Grant Program GOSI | |

17. Contact Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.
18. Contact Person _____
19. Activity Title (*short phrase*) Operating Support
20. Activity Beginning Date (*month/day/year*) _____ / _____ / _____
21. Activity End Date (*month/day/year*) _____ / _____ / _____
22. Number of Individuals who will Benefit from this Activity _____ Youth _____ Adult
23. Number of Artists Participating in this Activity _____
24. Total KAC Funding Last Year (*all categories*) \$ _____

25. Grantee Race/Ethnicity:

*Organizations should choose the **one** code that best represents 50% or more of their staff, board, or membership (not audience). Choose **one** below:*

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |

26. Applicant Institution _____ (*Insert ONLY ONE Category Code Number on this line*)
Choose your category code number from one of the following areas. Double click the red triangle to the left of a category to expand group information and obtain a code number.

- | | | |
|----------------------------|---------------------|---------|
| ▲ Community Organizations | ▲ Media | ▲ Other |
| ▲ Councils/Service Groups | ▲ Performing Groups | |
| ▲ Educational Institutions | ▲ Venues/Presenters | |

If using a paper version of this form, please refer to Application Instructions for code numbers.

27. Applicant Status _____ (*Insert ONLY ONE Status Code Number on this line*)
- | | | |
|--------------------------------|-----------------------------|--------------------------|
| [02] Organization - Non-Profit | [07] Government - County | [09] Government - Tribal |
| [06] Government - Regional | [08] Government - Municipal | [99] None of the Above |

Organizational Financial Summary

Fiscal Year Ends _____	Last Year (Most recently completed fiscal year)	This Year (Projected)	Next Year (Projected)
Total Revenues	_____	_____	_____
Total Expenses	_____	_____	_____
Net (Revenues - expenses)	_____	_____	_____
Total Net Assets	_____	_____	_____

Round off all amounts to the nearest dollar. Make sure your figures agree with your attached financial statements and budget.

Budget Notes: In an attachment, provide budget notes to explain any major financial changes or deficits. If your organization currently has any debt, please describe it and any plans to eliminate the debt.

Accessibility Check List

List which of the following accessibility services your facility(ies) provides for persons with disabilities:

For persons with mobility disabilities:

- | | |
|--|--|
| <input type="checkbox"/> Accessible-height telephones | <input type="checkbox"/> Wheelchair-compatible outdoor paving |
| <input type="checkbox"/> Accessible-height drinking fountains | <input type="checkbox"/> Wheelchair-compatible indoor carpeting |
| <input type="checkbox"/> Accessible-height mirrors in restrooms | <input type="checkbox"/> Ramped access |
| <input type="checkbox"/> Accessible-height paper towel dispensers in restrooms | <input type="checkbox"/> Accommodations for wheelchair seating free of sight-line barriers |
| <input type="checkbox"/> Grab bars in restrooms | <input type="checkbox"/> Accessible dressing rooms for performers with disabilities |
| <input type="checkbox"/> Sufficient door width (36") for restrooms | <input type="checkbox"/> Accessible stage for performers with disabilities |
| <input type="checkbox"/> Ready information or signage regarding fully accessible restrooms | |
| <input type="checkbox"/> Facility doors with electrical operating controls | |

For persons with visual disabilities:

- | | |
|---|--|
| <input type="checkbox"/> Braille signage on restroom doors | <input type="checkbox"/> Readily available large-print materials |
| <input type="checkbox"/> Braille signage on elevator controls | <input type="checkbox"/> Audio description |
| <input type="checkbox"/> Braille room numbers | <input type="checkbox"/> Taped text |
| <input type="checkbox"/> Braille exit signs | |

For persons with hearing disabilities:

- | | |
|--|--|
| <input type="checkbox"/> Assistive listening systems | <input type="checkbox"/> Telecommunications devices (TDDs) |
| <input type="checkbox"/> Hearing aid-compatible telephones | <input type="checkbox"/> Sign language interpretation |
| <input type="checkbox"/> Captioning | |

For persons with speech disabilities:

- ☐ Computer terminals
- ☐ Speech synthesizers
- ☐ Computer communication board

Other accommodations:

- ☐ Notice in publicity materials of availability of access services for persons with disabilities (e.g. sign language interpretation, audio description, etc.)
- ☐ Sensitivity training concerning persons with disabilities for staff
- ☐ Sensitivity training concerning persons with disabilities for volunteers
- ☐ Sensitivity training concerning persons with disabilities for board

Instructions for Completing Narrative

To assist panelists in reading your application, duplicate the number and heading of each Performance Expectation (e.g. **1. Delivery**) before your response. Place the organization's name and the words "General Operating Support Program I" in the upper right-hand corner of each page.

Narrative Outline

Please respond to the Introduction and each of the Performance Expectations on a total of not more than eight pages. Be sure to include complete information on each bulleted item in your narrative.

Introduction

Description of Your Organization

- Provide a brief overview of your organization's history and purpose, including its artistic objectives. If your organization is not solely an arts organization, describe the extent of its arts activities.
- Describe the facility/facilities your organization uses most often, including seating capacity or exhibition wall space. Indicate if you own or rent your facility/facilities, or if the use of the space is donated.
- Provide a brief timeline listing your planning and programming for last year and this year that demonstrates the year-round nature of your activities.
- Describe the characteristics of your board: its total size; ethnic or racial diversity; the average attendance at board meetings; number of meetings per year; the length of board terms; average tenure on the board; representative skills; and community groups represented on the board.
- Indicate if the board elects its own members or if the board is elected by the organization's membership. Indicate if your board has advisory committees, such as artist-advisory, civil rights or advocacy committees. Describe the board's major functions (e.g., fundraising, policy setting, etc.).
- Indicate how many full- and part-time paid staff you have, and their ethnic or racial diversity. Provide their titles and a brief description of roles and responsibilities.
- Indicate approximately how many volunteers you have. List the kinds of activities in which volunteers are involved, and their ethnic or racial diversity.
- Estimate how many artists were involved last year in providing services for your programs as exhibitors, performers, costumers, guest directors, consultants, et al., either paid or unpaid.
- Indicate if your organization has operated without a deficit in recent years. If your organization has a deficit or other financial problems, please describe them and your plans to restore the organization to financial health.
- Indicate if your organization has an accumulated cash surplus or operating reserve, and if so, how much.

Description of Your Community and Audience(s)

- Describe your community, its demographics, and its artistic environment.
- Describe your organization's service area; meaning the area you primarily serve.
- Describe your audience (e.g. artists, general public, children). If your organization serves different audiences, describe each.
- Provide total attendance figures or the number of participants in your programs for last year; separating paid from free attendance. Give examples of typical attendance figures at individual events.
- Indicate if you have members or subscribers. If so, indicate the membership categories and how many in each.

Performance Expectations

1. Delivery (40%)

- Describe the ways in which you plan for the organization's administration and programming, including attention to organizational capacity and provision/allocation of resources. Indicate who is involved in that planning.
- Describe the means your organization will use to determine and ensure artistic and/or programming quality.
- Describe your policies and procedures for ensuring fiscal control and responsibility. Explain how the board will be involved in financial review and how often financial plans will be reviewed.
- Describe what efforts your organization will make to obtain new sources of funding, including planned fundraising activities, such as benefit events and membership drives.
- Describe the methods your organization will use for the data collection, analysis and maintenance necessary for the organization's efficient arts delivery and participation building.
- Describe the methods by which your organization will assess its programs. Give specific examples. Include your criteria for measuring success and who will be involved in the assessment of your programs.

2. Networking and Collaborations (30%)

- Describe how the organization will be involved in, or cooperate with, local arts and non-arts organizations.
- Describe the programs or services you will provide which are education-related, and their benefit to schools and educators.
- Describe how the organization will involve, or cooperate with, artists, particularly local or Kentucky artists.
- Describe how the organization will be involved in, or cooperate with, statewide organizations and/or membership organizations

3. Diversity (15%)

- Describe what efforts your organization will make to build diversity in the organization's leadership and program participants. (Diversity, as understood by the Arts Council, should promote positive relations among the state's various communities including: persons of minority ethnic and racial groups; persons with disabilities; geographically or economically isolated communities; disadvantaged and at-risk persons; the elderly; institutionalized persons; women; and the gay, lesbian and transgender community.)
- Describe how the organization will promote diverse arts and culture.
- Give specific examples of any of your programs or services that will take your artistic product to new or broader audiences (e.g., touring, partnerships, special programming, residencies, etc.). Indicate what groups you plan to reach with these programs.
- Describe your programming plans for inclusion of, and outreach to, underserved populations and persons with disabilities.

4. Value/Role of the Arts (15%)

- Describe your understanding of the community's need for the arts, and how organization will respond to that need.
- Describe the organization's programs and partnerships will provide public value; meaning positive impact on the community, such as cultural enhancement, community identity, economic development, etc.
- Describe how you plan to distribute information about your programs, including your marketing or audience development strategy/strategies.
- Describe the organization's arts and arts education advocacy strategies. Explain how your organization will be involved in the public life of your community, and how you plan to involve your public officials in the activities of your organization.

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 W. Broadway
Frankfort, KY 40601-1980

Application Checklist

Include this application checklist as the first page of your application package.

Your application is not complete and will not be reviewed for funding if it does not include the following mandatory information:

One signed original:

- ☐ General Operating Support Program I Application and narrative

Two copies of the following, clearly separated from your Application, and placed in the following order:

- ☐ Resumes of chief administrator and artistic director
- ☐ Board list with the business or community affiliations of members noted, and officers identified (2 pages maximum)
- ☐ Organizational chart
- ☐ Financial Statement and Balance Sheet, or Audit (in 8 ½" x 11" format)
- ☐ Operating Budget
- ☐ Supporting materials such as artists' resumes, letters of support, favorable reviews, sample programs, organizational brochures, subscription or membership brochures, CDs, videos and/or cassette tapes, exhibit catalogues, etc. It is recommended that supporting materials be limited to 15 pages/pieces of any combination of the above. Letters of support, reviews, and other photocopied materials must be on standard-size (8 ½" x 11"), single-sided white paper only.
- ☐ Long-range or other type of strategic plan
- ☐ Development or fundraising plan
- ☐ Copy of IRS Determination Letter (To assist the Kentucky Arts Council in updating its files, all applications must provide their IRS Determination Letter.)
- ☐ Name and contact information of the board member who will be the advocacy contact for the organization's board.

If you would like acknowledgement of receipt of your application and return of any support materials, please enclose the following:

- ☐ Self-addressed, **and** stamped #10 envelope
- ☐ Self-addressed, **and** stamped mailer for support materials

Application Signature

I certify that I am legally authorized to submit this application on behalf of the applicant organization and that all statements and enclosures herein are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Applicant (Type Name) _____ Title _____